DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

ANALYST REPORT FORM

	DHRM Analyst Name:
	Agency Analyst Name:
	Requested Response Due Date:
Depa	vant(s) Name: artment/Division: Assigned Classification Title & Range:
	NOTE:
Ca	n this grievance be resolved without hearing?
	s[] No []
infor	the organize, highlight, make notations, and otherwise assist in making the requested mation convenient to review, keeping in mind the possibility of due process beyond I review.
1.	Was the position in question reviewed because of a Position Management Request (PMR) or as part of a classification study? Position Management Request(Attach copy) Study Name of Study: Effective Date: Employee Notification Date:
2.	Please review the attached grievance form and respond, point for point, to the issues raised by the Grievant. Please be specific, and identify additional issues as may be appropriate.
3.	If the requested remedy is provided, what will be the likely impact on other positions or issues?

Analya Due D Page T	ate:	ı – (Ente	er Grievant Name(s)		
4.	What was the pivotal reason for the classification decision?				
	A.	Response to salary survey or other market factors. (Attach documentation)			
	B.	-	sis and classification of job content. (Identify the primary nd % of time allocated to the duty.)		
5.	Which other classified positions were used for comparative reference? Why?				
6.	Did the Grievant's agency support the DHRM classification decision for the position in question? YES [] NO [
	Does the agency currently support the DHRM classification decision? YES [] NO [(Please attach available documentation.)				
7.	Please attach the following specific documentation:				
	[]	A. docum	Classification Analyst Form and other related nentation leading to the classification decision.		
	[]	B. Perfor position	Utah Job Match Position Analysis Form (UJM PAF) and/or rmance Plan and Organizational Chart used in classifying the on.		
	[]	C.	Copy of pertinent job descriptions (new, old, comparative).		